



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Biedermann et al. **Examiner:** Zinna Northington Davis
Serial No: 09/595,218 **Art Unit:** 1625
Filed: June 16, 2000 **Docket:** 19710
For: CYCLIC IMIDE-SUBSTITUTED PYRIDYLALANE, ALKENE, ALKINE, CARBOBOXAMIDES USEFUL AS CYTOSTATIC AND IMMUNOSUPPRESSIVE AGENTS **Dated:** July 17, 2006 **Confirmation No:** 2204

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sirs:

In response to the Office Action dated May 15, 2006, applicants submit the following Amendment for entry in the above-identified application. The Amendment to the Claims commence on Page 2 hereof, while the Remarks commence on Page 24.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450 on July 17, 2006

Dated: July 17, 2006


Mark J. Cohen

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Elfi Biedermann et al.

JUL 21 2006

Docket No.

19710

Application No. 09/595,218	Filing Date June 16, 2000	Examiner Zimra Northington Davis	Customer No. 23389	Group Art Unit 1625	Confirmation No. 2204
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Invention: CYCLIC IMIDE-SUBSTITUTED PYRIDYLALANE, ALKENE, ALKINE,
CARBOBOXAMIDES USEFUL AS CYTOSTATIC AND IMMUNOSUPPRESSIVE AGENTSCOMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

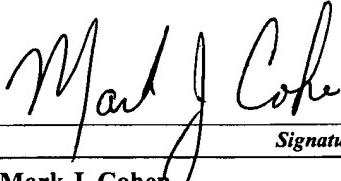
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	47 -	56 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP
- Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
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Signature

Mark J. Cohen

Registration No.: 32,211

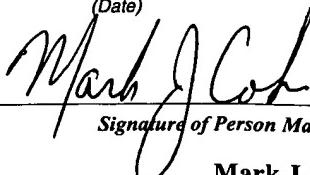
Scully, Scott, Murphy & Presser, P.C.
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Dated: July 17, 2006

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July 17, 2006

(Date)



Signature of Person Mailing Correspondence

Mark J. Cohen

Typed or Printed Name of Person Mailing Correspondence

CC: